

# Reading Mentor Application



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Languages (fluent): \_\_\_\_\_

Please write briefly about yourself, your background and your interest in participating in the Reading League.

## 2014-15 Schedule :

July-August 2014: recruit new mentors

September 2014: training for new Reading League Mentors

September 2014: match new mentors with schools, have team building opportunities with mentor teams

Oct. 2014—May 2015: mentors meet weekly with their student(s).

Sept. 2014, Jan. & May 2015: Engagement Breakfasts/Ice Cream Socials

## Return this form to:

Children & Youth Resources  
City of Longmont  
1050 Lashley St.  
Longmont, CO 80504

Phone: 303-651-8850

Fax: 303-651-8839

E-mail:

CYR@ci.longmont.co.us

Please tell us what you hope to get from participating in the Reading League.

